S <u>IAI</u>	E OF CALI	FORNIA EXPENSE CLAIM	Travelor ID	See M	ibir:		acy State	ement on F	Rever	se Side	_l Bi	K Trip?	O YES	○ No	
TKA STD.	VEL. 262 (REV.	EXPENSE CLAIM 10/92)	Traveler iD (Unit Colle 210	IIIU	i i v <i>e</i> li	STAF	=			P	age	of	Pages	
CLAIMA	NT'S NAM	E Fisca	2008TEC	C1745		SSN OR EMPLOYEE NUMBER* 269-52-5702					ARTMENT PR				
Karen Baker 2008-2009 POSITION				CB/II	O NO.:	DIVISION	DIAISIUN UB BI IBETI I					<u>'R</u>	PCA#		
Secretary of Volunteering and				EXEMPT			California Volunteers						11100 TELEPHO	NE NUMBER	
971 Castec Dr.						111	1110 K Street Suite 210						916-32	3-7646	
Sacramento CA			STATE CA		ZIP CODE 864	CITY Sac	Sacramento					CA	95814		
(1) MONTH/YEAR Aug 2009		I ' '	(4)	(5) MEALS		(6)		(7) TRANSPO			TION		(8)	(9)	
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	(A) COST OF TRANS.	(B)	(C) CARFARE, TOLLS, PARKING	PRIVAT	(D) TE CAR USE AMOUNT	- BUSINESS	TOTAL EXPENSES FOR DAY	
DATE 8/8	1200	Sac to DC	114.50 \$114.15	17.01	LUNCH	ON BINNER	,,,,,,		USEL	PARKING	20	\$11.00		125.50 \$125.15	
8/9		DC								101.40		\$0.00		\$101.40	
8/10		DC	\$6.00	6.00						\$25.00		\$0.00		\$31.00	
8/11		DC										\$0.00		\$0.00	
8/12		DC										\$0.00		\$0.00	
8/13.	2315	DC to Sac		6.00 \$9.00	\$10.00	12.04				14300	20	\$11.00		182,09 \$191.00	
												\$0.00	,	\$0.00	
							1					\$0.00		\$0.00	
	_	:					66	<u> </u>	<u>V</u> _			\$0.00	:	\$0.00	
						org to see see see see see see see see see se	Allo	272	000	1 2		\$0.00		\$0.00	
	· -	: a				0.1	TIGE UF P	anidate ,		6. 4.202**	!	\$0.00		\$0.00	
							ADMINIS	RATIVE SE	i Julia (ViOE	ARGH S		\$0.00		\$0.00	
	. <u>-</u>					10.00						\$0.00		\$0	
			[4.50 \$ 120.15	/2.00 - \$9.00	\$10.00	12.04 \$18.00				269.40	\$40	l. 22	:	439.99 \$448.55	
	CC	LUMN CODE (ACCTG: USE	ONLY)									17	/30 aU		
										CLAIM	TOTAI	- \$	J. 77 _{\$}	448.55 -	
(11) PUF	POSE OF	TRIP, REMARKS AND DETAILS (Attac	ch receipts/vouchers	when require	ed)						/121	NORMAL MIC	JBK HUI IBG		
	In Washington DC for the National Citizen Corps Preparedness Conference. Spoke at the conference on the 10th and attended a meeting on the 13th. No expenses											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289			
incurred on 11th or 12th. Stayed at a friends house from the 9th - 13th.											(14) MILEAGE RATE CLAIMED				
											A C E	NCV ACC	OUNTING	.55 OFFICE	
											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER				
											PAID	BY REVOLVIN		.55	
THERE	V CERTIE	Y That the above is a true statement of icle was used, and if mileage rates exce	the travel expenses	incurred by m	e in accorda	nce with DDA	rules in the se	envice of the St	ate of C	alifornia If			Ψ0	.55	

claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 9753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE

OT

(19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE